

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/763843		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.					IND.
1	1						51				
2		1					52				
3		2					53				
4	1						54				
5		1					55				
6		2					56				
7	1						57				
8		1					58				
9		2					59				
10							60				
11							61				
12							62				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.		9					TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				